



State of Utah
Department of Workforce Services
**H.E.A.T. PROGRAM RELEASE OF MEDICAL INFORMATION
AND DISABILITY VERIFICATION**

Part A: Patient (HEAT Applicant): *Please Print*

I _____, authorize my medical provider, _____, to release to the State of Utah HEAT Program any information regarding my current physical condition as it relates to disability status.

Signature of Patient or Designee _____

Date _____

Part B: Physician: Please fill out and fax to the HEAT program at the number below.

I certify that _____ is currently under my care, and has the disability(ies) checked below:

- ☐ He or she cannot walk two hundred feet without stopping to rest;
 - ☐ Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive devices;
 - ☐ Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
 - ☐ Uses portable oxygen;
 - ☐ Has a cardiac condition to the degree that the person's functional limitation is classified (according to American Heart Association standards) in severity as Class III or Class IV;
 - ☐ Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition;
- OR**
- ☐ Has the following medically determined physical or mental disability expected to last longer than six months. Describe: _____

Is the disability status considered PERMANENT? ☐ Yes ☐ No

Name of Physician _____

Signature of Physician _____

Office Telephone Number _____

Date _____

CONFIDENTIALITY STATEMENT

All HEAT workers have signed a confidentiality agreement with the State of Utah and are familiar with the laws regarding the confidentiality and transport of medical information.

This form must be faxed to the HEAT program by the doctor's office to be valid. Please return within 5 business days.

HEAT Office Fax Number: _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.